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| ORGANISATION Application |

# Seeking Mental Health Consumer and Carer Representatives

This form is for organisations seeking suitable mental health consumer and/or carer representatives from the National Register of Mental Health Consumer and Carer Representatives (National Register) and the National Mental Health Consumer and Carer Forum (NMHCCF).

Please review the *Selection Process* document for further information about the National Register and NMHCCF, and the mental health consumer and carer representative selection process.

## ORGANISATION CONTACT DETAILS

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| Organisation: |
| Contact person, name and position: |
| Telephone: |
| Email: |

## COMMITTEE / EVENT DETAILS

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| Committee/event description (please provide details, including purpose, of the committee/event and attach Terms of Reference if available): |
| Date/s and duration of meetings: |
| Meetings are held (check all that apply):  Face to face  Location/s:  By teleconference  Other (please specify):  Is it possible for representatives to participate in face to face meetings by tele or videoconferencing (or similar), if necessary? Yes  No  N/A  Comments: |
| Consumer and carer representative position/s: |
| Number of consumer representatives required: |
| Number of carer representatives required: |
| Would you like us to arrange a proxy representative (in the event the original representative is unavailable)? Yes  No |
| Can representatives who have previously been selected for this committee or event (e.g. a speaker at an annual conference) apply for this opportunity? Yes  No  N/A  Comments: |
| Date you need representative details by: |
| Name of organisation contact who will contact and brief representatives prior to the meeting/event: |

## REMUNERATION

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| Representatives must be remunerated at the same level as other professional attendees, including any planning or preparation time. What remuneration will the representative receive? |
| Additional costs that will be covered:  Travel (including flights, cabcharges, petrol and parking): Yes  No  Accommodation: Yes  No  Meals: Yes  No  Other (please specify):  Comments on expenses to be covered, including explanation about why some or all costs cannot be covered (if applicable): |

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| POSITION DESCRIPTION  1. What is expected of the mental health consumer and/or carer representative? What support is available to committee members / event participants? |
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| 1. Please outline the required and desirable selection criteria for this role, for example expertise related to CALD, youth, rural/remote, outcome measurements, understanding of particular documents or legislation etc. |
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| 1. Any other relevant information: |
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**Please send completed applications to:**

Project/Admin Officer

Mental Health Australia

Email: natreg@mhaustralia.org

Phone: (02) 6285 3100

**Secretariat Use Only**

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| Agreed timeline for process | |
| Process stage | **Date due** |
| Organisation application form received | dd/mm/yyyy |
| Representative applications received | *+ 2 weeks* |
| Selection panel decision finalised | *+ 1 week* |
| Organisation informed of decision | *Day of selection panel* |
| Organisation confirms representative selection and agreed expenses for representatives with Mental Health Australia | *+ 2 days* |
| Representative applicants informed of decision and receive selection panel feedback | *Once confirmation received from organisation* |